

FACE Overview Assessment (v7)



Personal Details (*)

Please Note: If non-mandatory fields that have a bearing on the calculation of the Indicative Budget (e.g. support needed with staying safe, eating healthily, support provided by family/friends etc) are not completed, the calculation will assume responses that equate to 'Not applicable', or zero need/support.

1.1 Responsible LA	RBKC
Name:	LEWIS Mariko Toyoshima
Title:	Ms
Preferred Name:	Mariko
Address	GRENFELL TOWER GRENFELL ROAD LONDON
Postcode	W11 1TG
Gender:	Female
Ethnicity and Sub Ethnicity:	[REDACTED]
Date of birth:	[REDACTED]
Age	[REDACTED]
1.2 Age band at time of assessment:	[REDACTED]

Consent

1.3 Was there a conversation with the person about what personal information will be stored, how it will be stored and who from the organisation will have access to it?	No
If No, give details:	Previously provided.
1.4 Was there a conversation with the person about what information will be shared, with whom and why?	No
If No, give details:	Previously provided.
1.5 Was consent given for information to be shared as needed?	Yes
Please record details if the person does not	Previously provided.

agree to information sharing arrangements or any limitations:

1.6 Did you give the person an information leaflet explaining how we use, store and share personal data?

No

If No, give details: Previously provided.

Supporting you in your assessment

First language NONE ☐ Interpreter required

2.1 Do you consider yourself to be Deaf, Blind or Deaf and Blind?

No

2.2 If Yes, state which:

n/a

2.3 Do you have communication difficulties?

No difficulties

2.4 Do you have any difficulties with understanding or retaining information?

No

2.5 Do you have any difficulties making decisions or understanding their impact?

No

If you have difficulties in communication, understanding or decision-making, you may need support for your involvement in your assessment, an advocate to represent you and help you explain your views, or a mental capacity assessment.

2.6 Details of anything that would help you communicate more easily during your assessment (e.g. a family member or friend present, an independent advocate, specialist communication support)

2.7 Other people involved in your assessment (e.g. advocate, carer, family, friend, other professionals - include names, roles/relationships and contact details)

Ms Toyoshima Lewis

[REDACTED]

About you

3.1 Describe your personal and family background (including important recent events or changes in your life)

Ms Toyoshima Lewis moved from [REDACTED] to RBKC in July 2016 and moved into a new-build 3 bedroom flat in a tower block in the north of the borough. The flat is on the 3rd floor (with lift access) and she lives there with her 3 children (aged [REDACTED])

[REDACTED]

Ms Toyoshima Lewis [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Ms Toyoshima Lewis reports a number of issues re: her housing including [REDACTED]
[REDACTED] the flat appears unable to have a phone line installed according to phone providers,
[REDACTED]
[REDACTED]
[REDACTED]

3.2 Which areas of your life do you most enjoy or value? (including your main interests and where you can most contribute)

[REDACTED]

3.3 What changes would most improve your wellbeing or quality of life?

Ms Toyoshima Lewis wants:

[REDACTED] her flat equipped so it can have a phoneline/internet installed; [REDACTED]
[REDACTED]
[REDACTED]

3.4 Your family, carer/s or advocate's views:

N/A

3.5 Do you have any concerns about how others treat you? (e.g. neglect, abuse, discrimination)

[REDACTED]

Details:

[REDACTED]

Your home and living situation (*)
(based on a typical week)
Includes the eligibility outcome: Maintaining a habitable home environment
Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

4.1 Are you currently staying in a hospital or other NHS facility?

No

4.2 Your current living situation

Living with family/friends (long term)

Your current tenure:

Council tenant

Maintaining your home in a sufficiently clean and safe condition

4.3 Are you able to maintain and clean your home independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

[REDACTED]

If Yes, move on to question 4.7. If No, give details, including what you can manage and how your situation could be improved:

4.4 Details of your needs

[REDACTED]

4.5 What you would like to achieve

[REDACTED]

4.6 Maintaining your home in a sufficiently clean and safe condition - Your situation:

[REDACTED]

4.7 Are you able to manage your own day-to-day paperwork?

[REDACTED]

4.8 Are you able to manage your own finances? (if no, please include details of any Lasting Power of Attorney, Deputy or Appointee below)

[REDACTED]

4.9 Details of your needs and what you would like to achieve (managing paperwork, managing finances)

[REDACTED]

If appropriate, you may wish to be referred for financial advice and/or maximising your benefits.

4.10 Are you able to access the internet?

Yes

4.11 Are you using specialist technology to help you manage at home? (e.g. telecare)

No

Details:

[REDACTED]

4.12 Do you have any concerns about your current home and living conditions? (e.g. tenure, access/hazards, temperature, need for adaptations, smoke/carbon monoxide alarms)

Yes

Details:

[REDACTED]

Eating healthily and safely (*)

(based on a typical week)

Includes the eligibility outcome: Managing and maintaining nutrition

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

5.1 Are you able to shop, prepare meals and eat and drink independently? This means within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?
[REDACTED]

If Yes, move on to section 6. If No, give details, including what you can manage and how your situation could be improved:

5.2 Details of your needs
[REDACTED]

5.3 What you would like to achieve
[REDACTED]

5.4 Shopping for food/essentials - Your situation:
[REDACTED]

5.5 Preparing meals/snacks/drinks - Your situation:
[REDACTED]

5.6 How often do you need support?
[REDACTED]

5.7 Eating and drinking - Your situation:
[REDACTED]

5.8 If you need someone else to feed you, are you able to have food and drink by mouth?
n/a

5.9 If you need someone else to feed you, how long does this usually take?
Not applicable

5.10 Do you have any dietary or eating difficulties that put you at risk or require skilled support?
[REDACTED]

Details:
[REDACTED]

Your personal care (*)

(based on a typical week)
Includes the eligibility outcomes: Managing toilet needs; Maintaining personal hygiene; Being appropriately clothed

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

6.1 Are you able to manage your toileting needs independently? This means within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?
[REDACTED]

If Yes, move on to question 6.7. If No, give details, including what you can manage and how your situation could be improved:

6.2 Details of your needs
[REDACTED]

6.3 What you would like to achieve

[REDACTED]

6.4 Using the toilet/managing continence - Your situation:

[REDACTED]

6.5 How often do you need support?

[REDACTED]

6.6 Nature of support:

[REDACTED]

6.7 Are you able to maintain your personal hygiene independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

[REDACTED]

If Yes, move on to question 6.13. If No, give details, including what you can manage and how your situation could be improved:

6.8 Details of your needs

[REDACTED]

6.9 What you would like to achieve

[REDACTED]

6.10 Maintaining personal hygiene (e.g. wash hands/face, hair, nails, shave) - Your situation:

[REDACTED]

6.11 Washing whole body (e.g. bath, shower, strip wash) - Your situation:

[REDACTED]

6.12 Washing whole body How often do you need support?

[REDACTED]

6.13 Are you able to get dressed for the day and undressed at the end of the day independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

[REDACTED]

If Yes, move on to section 7. If No, give details, including what you can manage and how your situation could be improved:

6.14 Details of your needs

[REDACTED]

6.15 What you would like to achieve

[REDACTED]

6.16 Dressing - Your situation:

[REDACTED]

6.17 Undressing - Your situation:

[REDACTED]

Your mobility

(based on a typical week)

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

7.1 Moving around the home - Your situation:

[REDACTED]

7.2 Transfers - Your situation:

[REDACTED]

7.3 To what extent does your weight impact on your mobility? (e.g. if overweight or underweight/ frail)

[REDACTED]

7.4 Is there a risk of harm to others when assisting you with your mobility/transfers?

[REDACTED]

7.5 Details of your needs (moving around the home, transfers):

[REDACTED]

[REDACTED]

7.6 Staying comfortable/repositioning - Your situation:

[REDACTED]

7.7 Details of your needs (staying comfortable/repositioning):

[REDACTED]

7.8 Do you require regular support for a skin condition or to prevent one developing?

[REDACTED]

7.9 Do you have any pressure ulcers?

[REDACTED]

7.10 If pressure ulcer/s are present, is treatment currently working?

[REDACTED]

7.11 Details of your needs (managing skin conditions):

[REDACTED]

Social relationships and activities (*)

(based on a typical week)
Includes the eligibility outcomes: Developing and maintaining family or other personal relationships; Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

8.1 Are you able to develop and maintain family or other personal relationships independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

[REDACTED]

8.2 Details of your needs including what you can manage

[REDACTED]

8.3 What you would like to achieve including how your situation could be improved

[REDACTED]

8.4 Are you able to access and make use of services in the local community independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

[REDACTED]

If Yes to both questions 8.1 and 8.4 move on to section 9. If No to either, complete remaining questions in this section:

8.5 Details of your needs including what you can manage

[REDACTED]

8.6 What you would like to achieve including how your situation could be improved

[REDACTED]

8.7 Are you able to access the community?

[REDACTED]

8.8 The support you need to stay safe out in the community:

[REDACTED]

8.9 Details of your needs (staying safe in the community):

[REDACTED]

8.10 The support you need to maintain personal relationships and engage in social activities (including leisure, cultural and spiritual activities):

[REDACTED]

8.11 How often do you need support?

[REDACTED]

Work, training, education and volunteering (*)

(based on a typical week)

Includes the eligibility outcome: Accessing and engaging in work, training, education or volunteering

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

9.1 Are you able to access and engage in work, training, education or volunteering independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

[REDACTED]

If Yes, move on to section 10. If No, give details, including what you can manage and how your situation could be improved:

9.2 Details of your needs

[REDACTED]

9.3 What you would like to achieve

As above.

9.4 Current paid employment, voluntary work, education/training situation:

[REDACTED]

9.5 The support you need to participate in work, training, education and volunteering:

[REDACTED]

9.6 How often do you need support?

[REDACTED]

Caring for others (*)

(based on a typical week)

Includes the eligibility outcome: Carrying out any caring responsibilities for a child

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

10.1 Are you able to carry out child care responsibilities independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

[REDACTED]

If N/A or Yes, move on to section 11. If No, give details, including what you can manage and how your situation could be improved:

10.2 Details of your needs

[REDACTED]

10.3 What you would like to achieve

[REDACTED]

10.4 Do you need support with your parenting/caring responsibilities?

[REDACTED]

10.5 Do you have any other caring responsibilities?

[REDACTED]

10.6 Details of your needs (caring for other adults):

If you are providing care or support to other adults, you should be offered a carer's assessment to discuss your caring role.

Staying safe at home (*)

(based on a typical week)

Includes the eligibility outcome: Being able to make use of your home safely

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

11.1 Are you able to stay safe within your home during the day and night independently? This means alone within a reasonable time and without significant pain, distress, anxiety or risk to yourself or others?

[REDACTED]

If Yes, move on to section 12. If No, give details, including what you can manage and how your situation could be improved:

11.2 Details of your needs

Ms Toyoshima Lewis is generally safe at home but is at risk of falls and would benefit from a CAS alarm.

11.3 What you would like to achieve

To have a CAS alarm once her phone line is installed in her home.

11.4 The support you need to stay safe at home during the day (consider risk of falls and/or wandering, and responding to emergencies)

Alarm/alert system only (i.e. telecare)

11.5 The support you need to stay safe at home during the night (consider risk of falls and/or wandering, and responding to emergencies)

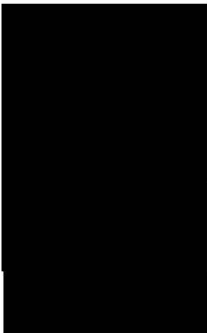
Alarm/alert system only (i.e. telecare)

Risks

(based on a typical week)

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

12.1 Current risk of falls



12.2 Current risk of self-neglect causing deterioration to health/safety

12.3 Current risk of harm to self (e.g. self-injury)

12.4 Current risk of harm/injury to your carer

12.5 Current risk of harm to others/property

12.6 Details of risks:



If there are concerns about your safety, a risk assessment may be needed (we will follow local Safeguarding Adults guidelines)

Your mental health and wellbeing

(including mental wellbeing issues arising from physical conditions)

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

13.1 Do you or have you ever suffered from a serious mental health issue?



13.2 Have you had contact with mental health services in the past year?



13.3 Details:

13.4 Emotional wellbeing:



13.5 Details of your needs (emotional wellbeing)

[REDACTED]

13.6 Memory/orientation:

[REDACTED]

13.7 Planning and decision making:

[REDACTED]

13.8 Details of your needs (memory/orientation, planning and decision-making)

[REDACTED]

13.9 Behaviour affecting self or others (e.g. aggression, self-harm)

[REDACTED]

13.10 Impact of your mood or wellbeing on your acceptance of support

[REDACTED]

13.11 Details of your needs (behaviour affecting self or others, impact of mood/wellbeing on acceptance of support)

13.12 How effective is the support of others in minimising risks to you or others around you?

[REDACTED]

13.13 Details:

[REDACTED]

If you have mental health issues, you may need a specialist assessment or referral for e.g. a mental capacity assessment

Health conditions and disabilities that impact your wellbeing (*)

Please list any disabilities, impairments or health conditions in order of most to least significant impact on your daily life and wellbeing:

14.1 [REDACTED]

14.2 [REDACTED]

14.3 [REDACTED]

14.4 [REDACTED]

14.5 Details (including relevant medical history)

[REDACTED]

14.6 How often do your needs significantly change/vary due to your condition/s?

[REDACTED]

14.7 Details:

[REDACTED]

Details of any sensory impairment/s

(based on a typical week)

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

14.8 Impact of sensory impairment

14.9 Details of your needs (sensory impairment)

If you have a significant sensory impairment, you may need to be referred for a specialist sensory assessment

Your medication and symptoms

(based on a typical week)

Answer as if there is no support currently in place, but do consider the effect of existing equipment, adaptations or telecare.

14.10 Are you currently taking any prescribed medication?

14.11 If Yes, what support do you need with taking your medication?

14.12 If Yes, how often do you need support?

14.13 Details of your needs (medication)

14.14 Does your physical condition or any medication that you are taking cause you distress or pain?

14.15 Are you getting adequate relief from pain or other distressing physical symptoms?

14.16 Details of your needs (managing distress/pain from health conditions)

If you have needs in relation to medication, arrangements may need to be made for a review or an appropriate referral.

14.17 Do you have difficulties with breathing?

14.18 Do you need equipment to help you to breathe?

14.19 Details of your needs (breathing)

14.20 Do you have difficulties maintaining consciousness?(e.g. due to epilepsy, seizures, blackouts)

14.21 Details of your needs (maintaining consciousness)

Support you will receive on an ongoing basis from family/friends/ volunteers (*)

(based on a typical week)

15.1 Do you have an informal carer? i.e. a family member/friend/volunteer who provides you with support

[REDACTED]

If No, move on to section 16. If Yes, continue below:

15.2 Details of support you currently receive from family/friends/volunteers (including what is working well and not so well)

[REDACTED]

15.3 Will you receive ongoing support from family/friends/volunteers?

[REDACTED]

If No, move on to section 16. If Yes, continue below:

15.4 Keeping your home clean and safe:

[REDACTED]

15.5 Managing your paperwork and finances:

[REDACTED]

15.6 Shopping for your food/essential items:

[REDACTED]

15.7 Preparing your meals/snacks/drinks and helping you to eat and drink:

Mornings:

[REDACTED]

Daytimes:

[REDACTED]

Evenings:

[REDACTED]

15.8 Managing your personal care tasks: (using toilet/managing continence, washing, dressing, undressing)

Mornings:

[REDACTED]

Daytimes:

[REDACTED]

Evenings:

[REDACTED]

15.9 Supporting your medication:

Mornings:

[REDACTED]

Daytimes:

[REDACTED]

Evenings:

[REDACTED]

15.10 Social, leisure, cultural and spiritual activities:

Level:

[REDACTED]

15.11 Work, training, education or volunteering:

Level:

[REDACTED]

15.12 Ensuring you stay safe during the day:

Mornings:

[REDACTED]

Daytimes:

[REDACTED]

Evenings:

[REDACTED]

15.13 Supporting you during the night:

Level:

[REDACTED]

15.14 Other Ongoing Support

Escorting you or providing transport

No

Providing company
and emotional support
Helping you
communicate with
others
Helping you care for
children



15.15 Details of all ongoing support to be provided by family, friends or volunteers (where this is safe and can be sustained)

[REDACTED]

15.16 Are there any people in particular who provide you with a high level of support?
No
If Yes, your carer/s should be offered a joint or separate carer's assessment to discuss their caring role/s.

Carer Details - 0

15.17 Carer Name
15.18 Carer FWi No
15.19 Is this a Joint Assessment?
15.20 Did this carer decline an assessment?
15.21 Impact of caring on your main carer's independence
15.22 Are arrangements in place to support you if your main carer/s are ill or unavailable?

Further Details (*)

To be completed by a social care authorised person, where relevant.

16.1 Are full respite breaks (through the year) required to sustain the ongoing caring situation?
[REDACTED]

16.2 Primary PSR
16.3 Anticipated living situation
16.4 Number sharing support in anticipated living situation
16.5 Is a referral for Telecare installation now intended?
16.6 If Telecare is already in place is it still working and effective?
16.7 Further details

[REDACTED]

16.8 Would the person be happy for the fire brigade to contact them with regard to a free fire safety check? Workers in RBKC and WCC should go the London Fire Brigade website - <http://www.london-fire.gov.uk/HomeFireSafetyVisit.asp> - to request a fire safety check on behalf of the service user

No - declined

Summary of your assessment and eligibility (*)

This section to be completed by a social care authorised person.
The Local Authority has a duty to work with you and/or your representative/s to prepare a care and support plan when all of the following statements apply:
1. Your needs arise from or are related to a physical or mental impairment or illness.
2. As a result of your needs you are unable to achieve **two or more** of the eligibility outcomes below.
3. As a result of being unable to achieve these outcomes there is, or is likely to be, a significant impact on your wellbeing.

Outcomes and Summary of Your Needs in each area Based on information entered earlier in the form

Are you able to maintain and clean your home independently?

[REDACTED]

Are you able to shop, prepare meals and eat and drink independently?

[REDACTED]

Are you able to manage your toileting needs independently?

[REDACTED]

Are you able to manage your personal hygiene independently?

[REDACTED]

Are you able to get dressed for the day and undressed at the end of the day independently?

[REDACTED]

Are you able to develop and maintain family or other personal relationships independently?

[REDACTED]

Are you able to access and make use of services in the local community independently?

[REDACTED]

Are you able to access and engage in work, training, education or volunteering independently?

[REDACTED]

Are you able to carry out child care responsibilities independently?

[REDACTED]

Are you able to stay safe within your home during the day and night independently?

[REDACTED]

17.1 Are there two or more areas indicated as 'No' above?

[REDACTED]

Impact of your needs on your wellbeing

17.2 If 'Yes' above, is there, or is there likely to be, a significant impact on your wellbeing?

[REDACTED]

The impact on your wellbeing should be looked at **disregarding any support you may already have** and should take into account the following areas, as well as your (or your representative's) views:
- Personal dignity and being treated with respect
- Physical and Mental health / emotional wellbeing
- Control over daily life (including over care and support provided and the way it is provided)
- Protection from abuse and neglect

- Domestic/family/personal relationships
- Suitability of living accommodation
- Participation in work/ education/ training/ recreation
- Social and economic wellbeing
- Your contribution to society

17.3 Details of the impact on your wellbeing (in the absence of any support you may already have in place)

17.4 Assessor's Summary/Overview

Eligibility

17.5 Is this person eligible? i.e. There are two or more areas where outcome cannot be achieved, AND there is, or is likely to be, a significant impact on wellbeing.

17.6 Information and advice or signposting provided?

☒ Yes

☐ No

17.7 Information and advice provided about your current needs:

17.8 Information and advice provided about preventing or delaying the development of needs in the future:

I will inform Ms Toyoshima Lewis to contact social services in the event of any changes in need.

Your Agreement

I/my supporter is satisfied that I and/or (s)he was involved in this assessment as much as possible and that I/my supporter was able to express what I/s(he) felt should be taken into account:

Your signature (or signature of your supporter where relevant)

Date

Record of completion (*)

This section to be completed by a social care authorised person.

18.1 Date assessment started 18/01/2017

18.2 Is this an (initial) assessment, or a planned reassessment/review, or an unplanned reassessment/review?

18.3 If it is an Unplanned Reassessment/Review, please select the reason for it

18.4 Location of assessment Client's home

18.5 Is this a supported self-assessment? No

18.6 If No, main assessor:

18.7 Date assessment completed 24/01/2017

18.8 Assessment Decision

Reassessments/Reviews

18.9 Current/most recent social care setting - see guidance for definitions

18.10 As a result of this reassessment/review is there or will there be a change in the social care setting or level of service? If there is a change in both, select 'Change in social care setting'.

18.11 Planned/actual change in the social care setting as a result of this reassessment/review: Not applicable - no change in setting

18.12 Planned/actual change in the service level as a result of this reassessment/review:

RAS - Indicative Personal Budget

Indicative Budget

Final Indicative Budget

This figure is an indication only and will not necessarily be given to you. The Council should address your eligible needs, but must do so whilst managing available resources.

This means we may meet your needs with support or other services that are of lower cost (e.g voluntary services). Your personal budget that is agreed following the completion of your care and support plan may therefore vary from this indicative figure.

Sustaining carer's role (carer breaks allocation)	0
IB if family/friends support disregarded	[REDACTED]

RAS Breakdown

Carrying out essential daily living tasks	[REDACTED]
Carrying out household tasks	[REDACTED]
Supplement for support of two carers	[REDACTED]
Supplement for night time support	[REDACTED]
Staying safe and social activities / relationships	[REDACTED]
Engaging in work, training, education or volunteering	[REDACTED]
Living Situation Cap	[REDACTED]
Cap or deflator applied?	[REDACTED]

CHC (Continuing Health Care)

CHC DST Recommendation	[REDACTED]
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Quality Checks